

**CHAPTER 13 PLAN**  
**United States Bankruptcy Court**  
**Northern District of Mississippi**

**CASE NO. 10-10576**

Debtor **Lowe, Jason A** SS # XXX-XX-**1568** Current Monthly Income \$ **2,753.27**  
Joint Debtor SS # XXX-XX- No. of Dependents **0**  
Address **205 N East Boundary St Holly Springs, MS 38635-2632**  
Telephone No. **(662) 544-2150** **TAX REFUNDS AND EIC FOR DISTRIBUTION:**

**THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.**

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of **60** months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

(A) Debtor shall pay **\$215.00** per (☐ monthly / ☐ semi-monthly / ☒ weekly / ☐ bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to **Debtor to be paid directly.**

(B) Joint Debtor shall pay \$ per (☐ monthly / ☐ semi-monthly / ☐ weekly / ☐ bi-weekly) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer:

**PRIORITY CREDITORS.** Filed claims that are not disallowed to be paid in full:

IRS	\$ <b>0.00</b>	@ \$ <b>0.00</b> /mo
State Tax Commission	\$ <b>0.00</b>	@ \$ <b>0.00</b> /mo
Other	\$ <b>0.00</b>	@ \$ <b>0.00</b> /mo

**DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:**

beginning month \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month shall be paid: ☐ direct ☐ through payroll deduction ☐ through the plan.

**PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:**

in the amount of \$ \_\_\_\_\_ shall be paid \$ \_\_\_\_\_ per month: ☐ through payroll deduction ☐ through the plan.

**HOME MORTGAGE(S)**

MTG PMTS TO: **Bank Of America** BEGINNING **06/10** @ \$ **730.00** ☒ PLAN ☐ DIRECT

MTG ARREARS TO: **Bank Of America** THROUGH **05/10** \$ **4,340.00** @ \$ **72.33**/MO\* (\*including interest at **0.00%**)

**SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate %	Total Amt. To Be Paid	Monthly Payment
<b>None</b>						

**SPECIAL CLAIMANTS.** (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to be Paid
<b>SecurTrust Federal Credit Union</b>	<b>2002 Toyota Tacoma</b>	<b>\$8,500.00</b>	<b>pay outside plan to protect cosigner</b>

**SPECIAL PROVISIONS** for all payments to be paid through the plan, including, but not limited to, adequate protection payments:

Chapter 13 Plan Form, Revised 10/24/2005

**UNSECURED DEBTS** totaling approximately **\$25,705.65** are to be paid in deferred payments to Creditors that have filed claims that are not disallowed:        IN FULL or **tbd**% (PERCENT) MINIMUM. **Trustee to determine correct percentage to be paid to unsecured creditors timely filing claims.**

Total Attorney Fees Charged \$ **2,800.00**  
Attorney Fees Previously Paid \$ **0.00**  
Attorney fees to be paid through the plan \$ **2,800.00**

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone # / Email)  
**Karen B. Schneller**  
**Karen B. Schneller**  
**Post Office Box 417**  
**Holly Springs, MS 38635**  
Telephone/Fax **(662) 252-3224 (662) 252-2858**  
E-mail Address **karen.schneller@gmail.com**

Telephone/Fax:

DATE: **April 1, 2010**

DEBTOR'S SIGNATURE /s/ Jason A Lowe

JOINT DEBTOR'S SIGNATURE

ATTORNEY'S SIGNATURE /s/ Karen B. Schneller